

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF US v. Raymond Gandia-Rosa	COURT CASE NUMBER 3:97-CR0084-01(PG)
DEFENDANT Raymond Gandia-Rosa	TYPE OF PROCESS Order to the Garnishee

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Federal Bureau of Investigations  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
F.O.B. Chardon Ave. Rm 601, Hato Rey, PR 00918

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  AUSA, Rebecca Vargas-Vera U.S. Attorneys Office Torre Chardon No. 350 Chardon Ave. Suite 1201 San Juan, Puerto Rico 00918	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

TO BE SERVED PERSONALLY TO MR. MICHAEL FARIES

Signature of Attorney other Originator requesting service on behalf of: <i>Rebecca Vargas-Vera</i> REBECCA VARGAS-VERA, A.U.S.A.	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 787-766-5656	DATE 9/8/05
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin 69	District to Serve 69	Signature of Authorized USMS Deputy or Clerk <i>P.B. [Signature]</i>	Date 9-9-05
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) MICHAEL FARIES - CHIEF DIV Counsel	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date 9/9/05	Time 10:20	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
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Signature of U.S. Marshal or Deputy <i>Francisco A. Lopez</i>			
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Service Fee \$45.00	Total Mileage Charges including endeavors -	Forwarding Fee -	Total Charges \$45.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED